

**Alternatives to Abortion Invoice**

<b>Contract #</b>	<u>CS170042001</u>	<b>Vendor Name:</b>	<u>Alliance for Life - Missouri</u>
<b>Vendor Number:</b>	<u>46048968600/MB00092773</u>	<b>Vendor Address:</b>	<u>P.O. Box 65</u>
			<u>Greenwood, MO 64034</u>

**Bill To:** Office of Administration  
Commissioner's Office  
201 W. Capitol Ave, Room 125  
Jefferson City, MO 65101

**Invoice Number:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_  
**Service Period:** \_\_\_\_\_

<u><b>Total Contracted Allocation</b></u>	<u><b>Prior Invoiced Total</b></u>	<u><b>June Award Amount</b></u>
\$ 599,598.50	\$ 401,991.99	\$ 197,606.51
Quarterly expenditure adjustment:		\$ -
Total Due:		<b>\$ 197,606.51</b>
Allocation Remaining		\$ -

**Signature:** \_\_\_\_\_

Inc

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